

**Virginia Department of Health  
Virginia Department of Education**

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**School Health Advisory  
Boards  
Virginia 2004-05**

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**A Summary of the Annual Reports of  
School Health Advisory Boards in Virginia**

# *School Health Advisory Boards*

## A Report on School Health Advisory Boards (SHABs) in Virginia for the School Year 2004-05

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# Executive Summary

## Purpose

The purposes of this survey and report, *School Health Advisory Boards (SHABs) in Virginia 2004-05: A Summary of the Annual Reports of the School Health Advisory Boards in Virginia*, are as follows:

- Evaluate school divisions' adherence to the Code of Virginia SHAB requirements;
- Identify the concerns and determine the accomplishments and progress of SHABs; and
- Present a consolidated picture of the accomplishments of SHABs statewide.

## Methodology

The survey instrument, which was developed jointly by the Virginia Department of Education (VDOE) and the Virginia Department of Health (VDH), was designed to elicit information from school divisions related to the accomplishments and effectiveness of SHABs and their compliance with the Code of Virginia. From 1994-95, when it was first used, to 2002-03 the survey instrument had only modest changes. It had more extensive changes in 2003-04 and was unchanged in 2004-05. The more extensive changes in 2003-04 were made to obtain additional information or to make the instrument easier to use. The overall character and intent of the instrument were maintained, and most longitudinal comparisons could be continued. For the second year, school divisions were given the opportunity to submit their responses to the survey via e-mail. The survey was announced on April 29, 2005, in Superintendents' Informational Memo #20, followed by an e-mail to school division health contact persons directing them to an online site for responding to the survey. Of the 132 school divisions in Virginia, all 132 provided a response to the survey (a 100 percent return rate).

## Findings

The findings of the survey are organized by topic. In addition to summaries of the findings, each section addresses school divisions' adherence to Section 22.1-275.1 of the Code of Virginia when appropriate.

**Membership.** School divisions reported SHAB memberships ranging from four to 47, with an average membership of 16.9. One hundred four (104) of the 130 school divisions responding to this item had no more than 20 members on their SHAB, meeting the Code section 22.1-275.1 requirement that SHAB membership be limited to 20.

Statewide, SHABs continue to have great diversity in their memberships as required by the Code. About 55 percent of SHAB members are identified as educators, 33 percent as parents, and 27 percent as health professionals. Reported membership on SHABs increased almost eight percent; however, the proportion of members identified in each of the main categories remained relatively

unchanged. The only change that exceeded one percent was a 4.7 percent decline in those identified as educators. School nurses are members of more SHABs than any other subcategory, with representation on 124 of the 132 SHABs. They are followed closely by parents of a school-aged child (120 SHABs) and education administrators (116 SHABs). Other subcategories with high representation are medical health professionals (106 SHABs) and public health professionals (102 SHABs).

School divisions were asked two questions related to functions of the board. To the first, *Does your School Health Advisory Board serve as a forum for leadership for multiple committees (e.g., part of PTA, Safe and Drug Free School Committee, etc.)?*, 57 school divisions (43.2 percent) responded “Yes.” To the second, *Are there other boards in your school division that work on issues that might be relevant to your SHAB?*, 69 divisions (53.5 percent) responded “Yes.” A total of 119 groups were identified by 58 divisions, most appearing to be some type of advisory group. The most frequently mentioned groups were related to special education and substance abuse (especially drugs).

**Meetings.** The Code requires that SHABs meet at least semi-annually. Almost 92 percent of school divisions responding to the survey item on meeting frequency met that requirement. The mean number of meetings reported was 3.4. Among the 11 SHABs that did not meet the requirement, four did not report meeting and seven reported meeting once.

**Reports.** At least once annually, SHABs are required by the Code to report on the status and needs of student health in the school divisions to the Virginia Department of Education and the Virginia Department of Health (both satisfied by responding to the survey reported herein), the local school board, and to any relevant school. In 2004-05, all 132 school divisions completed and returned the survey form to the Virginia Department of Education. Ninety-eight (98) school divisions (74 percent) reported the submission of either a written or oral report to the local school board in compliance with the Code. An additional 18 divisions that did not make a report to the school board did make one or more reports to their central office. Statewide, 23 written reports to other groups were made by 15 SHABs and 60 oral reports were made by 26 SHABs.

**Operating procedures.** Of the 130 school divisions responding to this item, 78 (or 60 percent) indicated they have operating procedures/bylaws. This represents an increase of more than nine percent since last year. Only 8.8 percent of school divisions had made changes in their operating procedures/bylaws in the past year.

**Goals and Accomplishments.** Although SHABs identified fewer goals than last year, their priorities changed only slightly. The top two goals in 2004-05 -- (1) review school nutrition program procedures and offerings and (2) develop/improve student wellness – were the same as last year. Each of these goals moved up from mid-range focus four to five years ago. The goal ranked third – increase students’ physical activity – was introduced in the survey in 2003-04 and ranked 10<sup>th</sup> that first year. The top goal identified from 1999-2000 through 2002-03 – develop/improve school health services – dropped to fifth in 2003-04 and to 10<sup>th</sup> in 2004-05. Other goals identified that made significant ranking moves were develop/revise FLE curriculum (from 18<sup>th</sup> to 4<sup>th</sup>) and review procedures for student health screening, recordkeeping, and referrals (from 4<sup>th</sup> to 17<sup>th</sup>). The top three goals that SHABs reported accomplishing in 2004-05 were (1) develop/improve student wellness, (2) review school nutrition program procedures and offerings, and (3) develop/maintain community partnerships.

School divisions provided narrative descriptions of their “greatest accomplishments” in 2004-05. More than 92 percent of school divisions indicated their willingness to share their successes on the DOE Web site. Selected accomplishments from these submissions can be found at:

<http://www.doe.virginia.gov/VDOE/studentsrvcs/SHABActivities.pdf>

# **I. Introduction**

## **Code of Virginia Requirements**

The 1990 General Assembly of Virginia amended the Code of Virginia to provide that each school board may establish a School Health Advisory Board (SHAB) to “assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.”

The 1992 General Assembly amended and reenacted Section 22.1-275.1 of the Code of Virginia (see Appendix A) to state that each school division is required to have a SHAB comprised of no more than 20 members, with “broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others.” SHABs are required to meet at least semi-annually and submit an annual report on the status and needs of student health in their school divisions to the Virginia Department of Education (VDOE), the Virginia Department of Health (VDH), the school board, and any relevant school.

## **Purpose**

This survey of School Health Advisory Boards, in periodically revised forms, has been conducted annually since the 1996-97 school year. The purposes of the survey and report are as follows:

- Evaluate school divisions’ adherence to the Code § 22.1-275.1 SHAB requirements;
- Identify the concerns and determine the accomplishments and progress of SHABs; and
- Present a consolidated picture of the accomplishments and plans of SHABs statewide.

## **Methodology**

The survey instrument, which is in Appendix B, was developed jointly by the Virginia Department of Education (VDOE) and the Virginia Department of Health (VDH). It was designed to elicit information from school divisions regarding their compliance with the Code section 22.1-275.1 related to SHABs, and other information related to the accomplishments and effectiveness of SHABs. Until 2003-04, the survey instrument had only modest changes since it was first used in the 1994-95 school year. The survey instrument used in 2003-04 had more extensive changes, but retained much of the character of former surveys so that longitudinal comparisons could be continued. The survey instrument used in 2004-05 is identical to the one used last year. For the second year, school divisions were given the opportunity to submit their responses to the survey electronically. The survey was announced on April 29, 2005, in Superintendents’ Informational Memo #20, followed by an e-mail to school division health contact persons directing them to the Virginia Department of Education’s SHAB Web site. Of the 132 school divisions in Virginia, 132 provided a response to the survey (a 100

percent return rate). This is the first time that every school division has returned a completed survey, although the response rate for the past five years has been high, ranging from 96 to 99 percent.

The survey data, both quantitative and qualitative, were entered into an electronic spreadsheet. The quantitative data were summarized using descriptive statistics and the qualitative data were summarized using content analysis. This report contains comprehensive findings from the 2004-05 survey, as well as selected comparisons with findings from earlier surveys.



## II. Survey Results

### Membership

**Number of members.** The Code section 22.1-275.1 requires that SHABs have broad-based community involvement and have no more than 20 members. Of the 130 school divisions responding to this survey item, 104 (or 80.0 percent) reported having no more than 20 members on their SHAB and were, therefore, in compliance with that provision of the Code. Divisions reported the number of SHAB members by subcategory (see Table 2 for categories and subcategories) and an unduplicated count of SHAB members. Summaries of school divisions' responses to this survey item are contained in Tables 1 and 2 below.

**Table 1: Percentage of School Health Advisory Boards in Each of Five Membership Ranges – 2001-02 through 2004-05**

<b>Membership Ranges</b>	<b>2001-02 (N=126)</b>	<b>2002-03 (N=128)</b>	<b>2003-04 (N=130)</b>	<b>2004-05 (N=130)</b>
Up to 5 members	3.2%	1.6%	0.0%	2.3%
6-10 members	15.1	14.8	18.5	10.7
11-15 members	33.3	34.4	31.5	29.0
16-20 members	40.5	32.8	38.5	38.2
More than 20 members <sup>1</sup>	7.9	16.4	11.5	19.8
<i>Average number of members</i>	<i>15.1</i>	<i>15.8</i>	<i>15.7</i>	<i>16.9</i>

<sup>1</sup> Not in compliance with the Code.

**Average membership.** In 2004-05, the average membership of SHABs was 16.9, with a range of four to 47 members. The average was calculated from the 131 school divisions that reported total membership of their SHABs. The average membership increased slightly in 2004-05 to 16.9, from a relatively stable 15.1 to 15.8 the previous three years.

**Member structure.** The Code encourages diverse membership on SHABs. The survey asked school divisions to report the diversity of membership in 27 subcategories distributed among six main categories. Surveys prior to 2003-04 had the same six main categories (i.e., parents, students, health professionals, educators, community representatives, and miscellaneous), but had four fewer subcategories. For 2004-05, 2,208 SHAB members were identified in a total of 3,106 subcategories (i.e., many members were identified in more than one category). The proportions of SHAB members in each of the main categories had remained fairly steady from 2000-01 through 2003-04, but changed significantly in 2003-04 due in part to the introduction of the four additional subcategories (i.e., parent resource center representative, physical education teacher, education program supervisor, and law enforcement). In 2004-05, numbers by main category were similar to those in 2003-04, but increased in four main categories (parents, health professionals, community, and miscellaneous) and declined in two (students and educators). The largest increases were in miscellaneous (16.2%), health professionals (10.3%), and parents (6.5%). The results from this survey item, with comparisons to previous surveys, are contained in Table 2.

**Table 2: Number of SHAB Members by Category and Sub-Category**

### 2001-02 through 2004-05

<b>Category/Sub-Category</b>	<b>2001-02 Members (N=1,897)<sup>1</sup></b>	<b>2002-03 Members (N=2,026)<sup>1</sup></b>	<b>2003-04 Members (N=2,047)<sup>1</sup></b>	<b>2004-05 Members (N=2,208)<sup>1</sup></b>
<b>Total Parents</b>	<b>438 (23.1%)</b>	<b>475 (23.4%)</b>	<b>680 (33.2%)</b>	<b>724 (32.8%)</b>
Parents of School-Age Child	378	406	480	531
Parent of Medically-Fragile Child	17	20	47	46
PTA Representative	43	49	123	112
Resource Center Representative <sup>2</sup>	~~	~~	30	35
<b>Total Students</b>	<b>86 (4.5%)</b>	<b>89 (4.4%)</b>	<b>96 (4.7%)</b>	<b>93 (4.2%)</b>
<b>Total Health Professionals</b>	<b>440 (23.2%)</b>	<b>420 (20.7%)</b>	<b>536 (26.2%)</b>	<b>591 (26.8%)</b>
Medical	216	203	270	277
Dentistry	21	24	25	42
Mental Health	36	33	54	76
Public Health	111	114	137	139
Other	56	46	50	57
<b>Total Educators</b>	<b>1007 (53.1%)</b>	<b>1057 (52.2%)</b>	<b>1218 (59.5%)</b>	<b>1211 (54.8%)</b>
School Nurse	273	285	290	289
Health Teacher	96	103	97	98
Physical education teacher <sup>2</sup>	~~	~~	110	110
Other teacher	107	113	117	104
Administrator	292	307	252	249
Program supervisor <sup>2</sup>	~~	~~	105	120
Counselor	98	90	111	89
Food Services	40	39	64	80
Other	101	120	72	72
<b>Total Community</b>	<b>250 (13.2%)</b>	<b>221 (10.9%)</b>	<b>303 (14.8%)</b>	<b>307 (13.9%)</b>
Civic Group	40	48	61	59
Religious Group	31	36	39	47
Human Services	117	81	109	104
Youth Services	62	56	94	97
<b>Miscellaneous</b>	<b>113 (6.0%)</b>	<b>109 (5.4%)</b>	<b>154 (7.5%)</b>	<b>179 (8.1%)</b>
Business	38	29	35	49
Government Official	38	31	38	30
Law enforcement <sup>2</sup>	~~	~~	41	46
Other	37	49	40	54

<sup>1</sup> The N-counts are the unduplicated number of SHAB members in the school divisions responding to this item. Because some members were counted in more than one category, the numbers in the table are greater than the N-counts and the percentages add to more than one hundred. The percentages show the proportion of members who are in that category.

<sup>2</sup> New sub-category in 2003-04. Data for previous years are not available.

SHABs continue to have great diversity in their memberships and they tend to have members with a wide variety of associations. Although the total members increased substantially in 2003-04 and slightly in 2004-05, the proportional relationships among the main categories continue. More

members are identified as educators than any of the other five main categories, followed by parents and health professionals.

Among subcategories, the most frequently identified were parents of a school-age child (531 SHAB members), school nurse (289), medical health professional (277), and education administrator (249). School nurses are members of more SHABs than any other subcategory, with representation on 124 of the 132 SHABs. They are followed closely by parents of a school-aged child and education administrators, with representation on 120 SHABs and 116 SHABs, respectively. Other subcategories with high representation are medical health professionals (106 SHABs) and public health professionals (102 SHABs).

Additionally, school divisions were asked two questions. The first was, *Does your School Health Advisory Board serve as a forum for leadership for multiple committees (e.g., part of Parent-Teacher Association (PTA), Safe and Drug Free School Committee (S&DFS), etc.)?* In response to this question, 57 school divisions (43.2 percent) responded “Yes” and 75 divisions (56.8 percent) responded “No.” When asked to explain, 50 of the 57 school divisions did so, naming a total of 76 groups. The groups mentioned more than once are listed below, with the number of times mentioned.

• Safe and Drug Free Schools	22
• Health, nutrition (inc. wellness)	13
• Family life education advisory	9
• Safety, bullying (other than S&DFS)	7
• Substance abuse (other than S&DFS)	6
• PTA/PTO	4
• Pre-school programs	3
• Diversity programs	2

To the second question, *Are there other boards in your school division that work on issues that might be relevant to your SHAB?*, 69 divisions (53.5 percent) responded “Yes” and 60 divisions (46.5 percent) responded “No.” A total of 119 groups were mentioned by the 58 divisions that provided explanations for that item. Very few of the groups appeared to be “boards.” Most were some type of advisory group, such a Parent-Teacher Associations or a Safe and Drug Free Schools Advisory Committee. The most frequently mentioned groups, and the number of times each was mentioned, follows:

• Special education advisory	21
• Safe & Drug Free Schools/Safety	16
• Family life education advisory team/committee	10
• Prevention programs	8
• Community Services Board/Team	7
• Nutrition/Food Services Advisory	7
• PTA/PTO	7
• Parent Advisory Council/Committee	6
• Crisis Management Team	5
• Health Advisory/Healthy Child	5
• Superintendent’s Advisory Board/Council	4
• Federal programs advisory team	3

# Meetings

**General meetings.** The Code section 22.1-275.1 requires that SHABs meet at least semi-annually. Of the 132 school divisions responding to the 2004-05 survey, 121 (or 91.7 percent) met this requirement. Eleven SHABs did not meet this requirement, an improvement from the previous survey when 19 failed to meet this requirement and the lowest number since the 1995-96 survey. Seven met once and four did not meet. In contrast, 16 SHABs met at least six times. The average number of SHAB meetings was 3.4, within the range of 3.3 to 3.6 over the past four annual surveys. A large majority (i.e., 84.8 percent) of SHABs held one to five general meetings during 2004-05, a pattern which has existed for several years. The distributions of general meeting frequency for this and four previous surveys are contained in Table 3.

**Table 3: Frequency of School Health Advisory Boards' Meetings  
2000-01 through 2004-05**

<b>Frequency</b>	<b>2000-01 (N = 127)</b>	<b>2001-02 (N=127)</b>	<b>2002-03 (N = 129)</b>	<b>2003-04 (N = 129)</b>	<b>2004-05 (N = 132)</b>
No meetings <sup>1</sup>	2	1	6	3	4
One meeting <sup>1</sup>	19	16	16	16	7
Two meetings	38	33	24	29	43
Three meetings	19	18	27	25	21
Four meetings	25	27	28	31	29
Five meetings	13	16	15	11	12
Six meetings	5	5	3	6	5
Seven meetings	2	0	2	2	4
Eight meetings	2	2	4	3	4
Nine meetings	2	5	2	2	2
Ten or more meetings	3	3	2	1	1
<i>Average number of meetings</i>	<i>3.3</i>	<i>3.6</i>	<i>3.5</i>	<i>3.4</i>	<i>3.4</i>

<sup>1</sup> Does not meet Code requirement.

**Subcommittee meetings.** School divisions were asked to indicate the number of subcommittee meetings held in 2004-05 and to name the subcommittees that met. Fifty-five (55) school divisions (42.0 percent) held subcommittee meetings and 76 did not. An average of 4.0 meetings was held by the divisions holding sub-committee meetings. The identified subcommittees were grouped according to topic. The following list indicates the variety of subcommittees meeting in more than one school division.

<b><u>Subcommittee Topic</u></b>	<b><u>No. SHABs</u></b>
• Student health	16
• Nutrition	14
• Prevention programs	7
• Family Life Education	5
• Emergency prep./safety	4
• By-laws revision	3
• Body mass index	3
• School nurses	3
• Bullying	2
• Youth Advisory	2
• Wellness	2

## Reports

**Reports to school boards.** At least once annually, SHABs are required by Code section 22.1-275.1 to report on the status and needs of student health in the school division to the Virginia Department of Education and the Virginia Department of Health (satisfied by responding to the survey reported herein), the local school board, and to any relevant school. In 2004-05, 132 of 132 school divisions (100 percent) forwarded a completed survey form to the Virginia Department of Education, thus satisfying this requirement. The survey requested information regarding to whom reports were provided, whether the reports were written or oral, and how many reports were provided. Some SHABs submitted written reports to the school board; some made oral reports and some both. Of the 132 school divisions, 98 (or 74.2 percent) reported their SHABs submitted written and/or oral reports to the local school board in compliance with the Code of Virginia. The percentages of SHABs meeting this requirement for the past six surveys are:

• 2004-05	74.2 percent
• 2003-04	67.7 percent
• 2002-03	66.7 percent
• 2001-02	62.2 percent
• 2000-01	64.4 percent

A summary of SHAB reports to *local school boards* are in Table 4.

**Table 4: Number of SHABs Making Written and Oral Reports  
to Local School Boards, 2001-02 through 2004-05**

	<u>2001-02</u>		<u>2002-03</u>		<u>2003-04</u>		<u>2004-05</u>	
<u>Number of Reports</u>	<u>Writ.</u>	<u>Oral</u>	<u>Writ.</u>	<u>Oral</u>	<u>Writ.</u>	<u>Oral</u>	<u>Writ.</u>	<u>Oral</u>
One or more reports	54	55	61	60	67	57	80	68
No reports <sup>1</sup>	73	72	68	69	63	73	52	64

<sup>1</sup> Number of SHABs that either indicated they did not submit reports or did not provide a response to this item, among divisions returning survey forms.

**Reports to central offices.** Although reporting to its school division's central office is not required by the Code, many SHABs made such reports and some SHABs may have made such reports in lieu of reports to the school board. Overall, 102 SHABs (or 77.3 percent) made one or more written and/or oral reports to their central office during the year. Eighteen (18) SHABs that did not make a report to their school board did make one or more reports to their central office. Therefore, 116 school divisions (or 87.9 percent) reported their SHABs had submitted one or more reports to either the school board or the central office, a slight improvement over last year's 86.9 percent. A summary of the reports made to *central offices* is contained in Table 5.

**Table 5: Number of SHABs Making Written and Oral Reports  
to Local Central Offices, 2001-02 Through 2004-05**

	<u>2001-02</u>		<u>2002-03</u>		<u>2003-04</u>		<u>2004-05</u>	
<u>Number of Reports</u>	<u>Writ.</u>	<u>Oral</u>	<u>Writ.</u>	<u>Oral</u>	<u>Writ.</u>	<u>Oral</u>	<u>Writ.</u>	<u>Oral</u>
One or more reports	60	59	60	64	54	60	76	70
No reports <sup>1</sup>	67	68	69	65	76	70	56	62

<sup>1</sup> Number of SHABs that either indicated they did not submit reports or did not provide a response to this item, among divisions returning survey forms.

**Reports to other groups.** In 2004-05, 23 written reports to other groups were made by 15 SHABs and 60 oral reports were made to other groups by 26 SHABs. They were asked to identify the groups to whom these reports were made, but some failed to do so. The limited information available indicated that reports were made to various groups, with the following groups being mentioned more than once.

• Health department/health group	9
• School administrators	4
• Community groups	4
• Prevention planning programs	3
• Nursing staff	3
• Superintendent of schools	3
• Wellness/fitness programs	3
• Special education advisory	2
• Parent groups/PTO	2
• Governmental agencies	2
• Food services	2
• Virginia Dept. of Education	2

## Operating Procedures

Beginning in 2003-04, school divisions were asked the question, *Does your SHAB have operating procedures/bylaws?*, a change from previous surveys when *bylaws* was not included in the question. That year, there was large increase in the number of school divisions reporting in the affirmative. Two likely possibilities for this increase are: (1) adding *bylaws* to the question allowed some school divisions to respond in the affirmative; and (2) in 2002-03, 29 percent of school divisions indicated they were in the process of developing operating procedures and they may have completed and adopted them by 2003-04. The result was an increase from 35.6 percent reporting they had operating procedures in 2002-03 to 50.8 percent in 2003-04. In 2004-05, that trend continued when 78 of 130 school divisions (60.0 percent) reported that they had operating procedures. Prior to 2003-04, school divisions reporting having operating procedures had been consistently in the mid-thirties percentile. Additionally, school divisions were asked, *Have you made any changes to your operating procedures/bylaws for your SHAB in the past year?* Of the 125 school divisions responding to this question, eleven (8.8 percent) said they had made changes and 114 (91.2 percent) said they had not.

## Goals and Accomplishments

**Goals.** School divisions were provided a list of 25 goals in nine areas and asked to indicate if each goal was identified for the school year and/or accomplished during the school year. This question was phrased somewhat differently prior to 2003-04; however, the similarity of the questions permits comparisons with most data from earlier surveys. Longitudinal comparisons will be reported only when it is believed that such comparisons are reasonable.

Identified goals are those goals that SHABs had decided to work on during the year. Following are presentations of responses to the survey to show which goals SHABs identified as important and the extent to which they accomplished these goals during the school year. School division's responses to this survey item indicate a reduction in the number of SHABs identifying goals for the year. There were approximately one-half as many goals identified in 2004-05 as in each of the past two years. This may have been due to SHABs completing work on many goals last year and, therefore, they would not have been *identified* this year. Another explanation might be that responders had a different understanding of the item, so that goals that had been identified in previous years, although not completed, would not have been identified for 2004-05. Various pictures of these data are presented in Tables 6, 7, and 8.

Table 6, which follows, shows the number of SHABs identifying each of the 25 listed goals for the school year 2004-05 and, where data is available, each of the past three surveys. Trends are noted when SHABs priority for identified goals moved either up or down each of the past two years.

**Table 6: Number of SHABs Identifying Listed Goals  
for the School Years 2001-02 through 2004-05**

SHAB Goals by Area					01-02 N=127	02-03 N=129	03-04 N=130	04-05 N=132	Trends
<b>Health Services:</b>									
Increase school nursing staff	51	45	55	20	DOWN				
Develop/improve school health services	89	83	65	22					
Develop/improve student wellness	56	64	77	36					
Review procedures for student health screening ...	65	57	67	14					
<b>Health Education/Instruction:</b>									
Review health education curriculum	26	33	43	18					
Review health education assessment <sup>2</sup>	~~	~~	22	12					
Reduce teen pregnancy	38	33	38	25					
Develop/revise FLE curriculum	28	33	29	33					
Revise HIV policy for school attendance <sup>1</sup>	4	6	21	4					
Reduce drug, alcohol, and/or tobacco use	63	65	61	26					
<b>Healthy Environment:</b>									
Review emergency/crisis medical situations	62	64	50	12	DOWN				
Review school health policies	45	48	51	21					
Review school safety procedures	49	44	49	18					
<b>Physical Education:</b>									
Review physical education curriculum <sup>3</sup>	24	35	24	10	DOWN				
Review physical education assessment <sup>3</sup>	24	35	18	7	DOWN				
Review availability of instructional resources <sup>2</sup>	~~	~~	20	11					
Increase students' physical activity <sup>2</sup>	~~	~~	54	35					
<b>Nutrition Services:</b>									
Review school nutrition program procedures and offerings	44	52	85	49					
<b>Counseling:</b>									
Review psychological and social services for diagnosing special needs of students	24	25	25	12					
Review counseling services for students to help set educational and social goals	19	20	26	14					
<b>Staff Wellness:</b>									
Review staff wellness initiatives	36	47	61	26					
<b>Parent/Community Involvement:</b>									
Improve parent communication/education	30	22	60	33					
Develop/maintain community partnerships	77	76	76	25					
<b>Other:</b>									
Conduct a needs assessment/data collection	30	35	31	15	DOWN				
Improve operations of SHAB	30	27	40	21					
Other (specify) <sup>2</sup>	~~	~~	12	6					

<sup>1</sup> Prior to 2003-04 was stated "Revise HIV curriculum/policy for school attendance."

<sup>2</sup> New goals. Data are not available for all prior years.

<sup>3</sup> In past surveys, physical ed. curriculum and assessment were combined into one goal. The numbers prior to 2003-04, in italics, are for that combined goal.

Another approach to examining the importance of goals to SHABs is to compare the *rankings* of goals (by numbers of SHABs selecting them) across surveys. These rankings for the past five years are in



Table 7. The two top-ranked goals in 2003-04 continued to be the top-ranked goals in 2004-05. Among goals that have made major gains in the rankings were: (1) Increase students' physical activity; (2) Improve parent communication/education; (3) Develop/revise the FLE curriculum; and (4) Reduce teen pregnancy

**Table 7: Rankings of SHAB Goals Based on the Number of SHABs Identifying Them, 2000-01 through 2004-05**  
(\* indicates tie for ranking)

<b>SHAB Goals by 2004-05 Rankings</b>	<b>00-01</b>	<b>01-02</b>	<b>02-03</b>	<b>03-04</b>	<b>04-05</b>
Review school nutrition program procedures and offerings	11	10	7	1	1
Develop/improve student wellness	*15	6	*4	2	2
Increase students' physical activity <sup>1</sup>	~~	~~	~~	10	3
Improve parent communication/education	*18	*13	19	8	*4
Develop/revise FLE curriculum	13	16	*14	18	*4
Reduce drug, alcohol, and/or tobacco use	4	4	3	*6	*6
Review staff wellness initiatives	12	12	9	*6	*6
Develop/maintain community partnerships	2	2	2	3	*8
Reduce teen pregnancy	10	11	*14	16	*8
Develop/improve school health services	1	1	1	5	10
Review school health policies	*8	9	8	11	*11
Improve operations of SHAB	*8	*13	17	15	*11
Increase school nursing staff	3	7	10	9	13
Review school safety procedures	*6	8	11	13	*14
Review health education curriculum	*15	17	*14	14	*14
Conduct a needs assessment/data collection <sup>3</sup>	14	*13	*12	17	16
Review procedures for student health screening, recordkeeping, and referrals	*6	3	6	4	*17
Review counseling services for helping students set education and social goals	*18	20	20	19	*17
Review emergency/crisis medical situations	5	5	*4	12	*19
Review psychological and social services for diagnosing special needs of students	20	*18	18	20	*19
Review health education assessment <sup>1</sup>	~~	~~	~~	22	*19
Review availability of instructional resources <sup>1</sup>	~~	~~	~~	24	22
Review physical education curriculum <sup>2</sup>	*15	*18	*12	21	23
Review physical education assessment <sup>2</sup>	*15	*18	*12	25	24
Other (specify) <sup>1</sup>	~~	~~	~~	26	25
Revise HIV policy for school attendance <sup>1</sup>	~~	21	21	23	26

<sup>1</sup> New goals. Data are not available for all prior years.

<sup>2</sup> In past surveys physical ed. curriculum and assessment were combined into one goal. The rankings prior to 2003-04, in italics, are for that combined goal.

<sup>3</sup> Modified in 2003-04; previously was *Conduct a needs assessment*.

Table 8 allows comparisons of the attention given by SHABs to the goals for the 2004-05 school year. More SHABs identifying a goal than accomplishing it indicates relatively more work to be done on them than goals in which SHABs accomplishing them exceeds the number identifying them. Because the number of SHABs identifying goals in 2004-05 declined greatly, a look at the

relative rankings for goals identified and accomplished provides an additional way of making these comparisons.

**Table 8: Numbers and Rankings of SHABs Identifying and Accomplishing Listed Goals, 2004-05 (\* indicates tie for ranking)**

<b>SHAB Goals by Area</b>	<b>Goal Identified</b>		<b>Goal Accomplished</b>	
	<b>No. SHABs</b>	<b>Rank</b>	<b>No. SHABs</b>	<b>Rank</b>
<b>Health Services:</b>				
Increase school nursing staff	20	13	29	*11
Develop/improve school health services	22	10	48	5
Develop/improve student wellness	36	2	57	*1
Review procedures for student health screening, recordkeeping, and referrals	14	*17	52	4
<b>Health Education/Instruction:</b>				
Review health education curriculum	18	*14	26	14
Review health education assessment	12	*19	8	25
Reduce teen pregnancy	25	*8	12	*19
Develop/revise FLE curriculum	33	*4	15	*17
Revise HIV policy for school attendance	4	26	9	24
Reduce drug, alcohol, and/or tobacco use	26	*6	29	*11
<b>Healthy Environment:</b>				
Review emergency/crisis medical situations	12	*19	46	6
Review school health policies	21	*11	39	8
Review school safety procedures	18	*14	41	7
<b>Physical Education:</b>				
Review physical education curriculum	10	23	16	16
Review physical education assessment	7	24	11	*21
Review availability of instructional resources	11	22	4	26
Increase students' physical activity	35	3	22	15
<b>Nutrition Services:</b>				
Review school nutrition program procedures and offerings	49	1	57	*1
<b>Counseling:</b>				
Review psychological and social services for diagnosing special needs of students	12	*19	11	*21
Review counseling services for students to help set educational and social goals	14	*17	15	*17
<b>Staff Wellness:</b>				
Review staff wellness initiatives	26	*6	37	9
<b>Parent/Community Involvement:</b>				
Improve parent communication/education	33	*4	30	10
Develop/maintain community partnerships	25	*8	53	3
<b>Other:</b>				
Conduct a needs assessment/data collection	15	16	27	13
Improve operations of SHAB	21	*11	12	*19
Other (specify)	6	25	10	23

**Successes.** School divisions were asked to describe their SHAB's two greatest accomplishments during the 2004-05 school year. Selected accomplishments from these submissions can be found at:

<http://www.doe.virginia.gov/VDOE/studentsrvcs/SHABActivities.pdf>

Additionally, school divisions were asked if they would allow the Department of Education to post/share information about their SHAB's successes on the DOE Web site. One hundred thirty-one (131) divisions responded to this question, with 121 divisions (92.4 percent) indicating their willingness to allow the DOE to share their successes in this way.

### III. Compliance Summary and Recommendations

**Compliance Summary.** In 2004-05, 132 of 132 school divisions in Virginia (or 100 percent) submitted an Annual Report for their School Health Advisory Boards (SHABs) to the Department of Education, in compliance with the Code of Virginia. This is the first year that all school divisions returned a survey form. Not all school divisions responded to all questions on the survey form, thus compromising the data on some questions. However, because the number of omissions was small, it is believed that the data presented in this report are reasonable approximations of the data that would have resulted if all school divisions had responded to all questions.

All school divisions in Virginia have established SHABs; however, their levels of activity and involvement in school health programs and services appear to vary widely. While 57 SHABs met four or more times during the year (one more than last year), 11 SHABs failed to meet at least twice as required by the Code, a sharp reduction from the number last year, 19. Other than sometimes having more than 20 members, the composition and diversity of membership appears to be consistent with the Code. About 74 percent of SHABs submitted the required report to the local school board, although an additional 14 percent submitted reports to the local central office, perhaps in lieu of the school board report. The number of SHABs satisfying this Code requirement was the highest ever, but when combined with the number submitting reports to the central office the percent was only slightly better than last year.

**Recommendations.** Following are recommendations for consideration by the Virginia Department of Education and Virginia Department of Health.

1. Continue to refine the survey procedure implemented in 2003-04, which gave school divisions an option to submit the annual report in electronic form via e-mail. Perhaps a survey to find out what difficulties school divisions are having with the form would be helpful in revising it. This could be done by conducting interviews with respondents in selected divisions.
2. Provide support and assistance to those SHABs that indicate the need for assistance or those lagging in their progress.
3. Advise superintendents in school divisions where SHABs are not in compliance with one or more of the requirements of the Code (e.g., necessity of reporting to the local school board and meeting semiannually).
4. Re-emphasize the need for SHABs to comply with the Code.

# **Appendices**

# **Appendix A**

## **Excerpt from the Code of Virginia § 22.1-275.1.**

### **School health advisory board.**

Each school board shall establish a school health advisory board of no more than twenty members which shall consist of broad-based community representation including, but not limited to, parents, students, health professionals, educators, and others. The school health advisory board shall assist with the development of health policy in the school division and the evaluation of the status of school health, health education, the school environment, and health services.

The school health advisory board shall hold meetings at least semi-annually and shall annually report on the status and needs of student health in the school division to any relevant school, the school board, the Virginia Department of Health, and the Virginia Department of Education.

The local school board may request that the school health advisory board recommend to the local school board procedures relating to children with acute or chronic illnesses or conditions, including, but not limited to, appropriate emergency procedures for any life-threatening conditions and designation of school personnel to implement the appropriate emergency procedures. The procedures relating to children with acute or chronic illnesses or conditions shall be developed with due consideration of the size and staffing of the schools within the jurisdiction.

(1990, c. 315; 1992, c. 174; 1999, c. 570)

## **Appendix B**

**School Health Advisory Board (SHAB) Annual  
Report Form, 2004-05 School Year**

**SCHOOL HEALTH ADVISORY BOARD (SHAB) ANNUAL REPORT FORM**  
**2004-05 SCHOOL YEAR**

**IDENTIFYING INFORMATION**

School Division:  
SHAB Chairperson:  
Address:

Telephone: (       )

Fax: (       )

Person Completing this Report:  
Telephone: (       )

Date:  
Fax: (       )

E-Mail Address:

• **STRUCTURE AND OPERATION OF YOUR SHAB**

A.    Membership
------------------

Please identify the composition of your SHAB by marking the appropriate boxes with the number of SHAB members in each category. Count members in all appropriate categories; e.g., a member may be a “PTA representative” and a “Medical professional.”

**Parent**

\_\_\_\_\_ Parent of a school aged child  
\_\_\_\_\_ Parent of a medically fragile child  
\_\_\_\_\_ PTA representative  
\_\_\_\_\_ Resource center representative

**Educator**

\_\_\_\_\_ School nurse  
\_\_\_\_\_ Health Teacher  
\_\_\_\_\_ Physical Education Teacher  
\_\_\_\_\_ Other Teacher  
\_\_\_\_\_ Administrator  
\_\_\_\_\_ Program supervisor  
\_\_\_\_\_ Counselor

**Community Representative**

\_\_\_\_\_ Civic group  
\_\_\_\_\_ Religious group  
\_\_\_\_\_ Human services  
\_\_\_\_\_ Youth services

**Food Services**

\_\_\_\_\_ Other (specify) \_\_\_\_\_

**Student**

*Health Professional*

\_\_\_\_\_ Medical  
\_\_\_\_\_ Dentistry  
\_\_\_\_\_ Mental Health  
\_\_\_\_\_ Public Health  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

**Miscellaneous**

\_\_\_\_\_ Business  
\_\_\_\_\_ Government Official  
\_\_\_\_\_ Law Enforcement  
\_\_\_\_\_ Other (specify) \_\_\_\_\_

**Total number of members (unduplicated count):**



Does your School Health Advisory Board serve as the forum for leadership for multiple committees (e.g., part of PTA, Safe and Drug Free School Committee, etc.)?

YES ☐

NO ☐

If yes, explain:

Are there other boards in your school division that work on issues that might be relevant to your SHAB?

YES ☐

NO ☐

If yes, list:

## B. Meetings

How many general meetings did your SHAB hold this school year (excluding subcommittee meetings)? \_\_\_\_\_ meetings

How many subcommittee meetings did your SHAB hold this school year? \_\_\_\_\_ meetings  
List subcommittees: \_\_\_\_\_

## C. Reports

How many reports did your SHAB make during this school year to:

(1) Your local school board? \_\_\_\_\_ Written reports \_\_\_\_\_ Oral reports

(2) Central office personnel? \_\_\_\_\_ Written reports \_\_\_\_\_ Oral reports

(3) Other groups?

(name)

\_\_\_\_\_ Written reports \_\_\_\_\_ Oral reports

(name)

\_\_\_\_\_ Written reports \_\_\_\_\_ Oral reports

#### **D. Operating Procedures**

Does your SHAB have operating procedures/bylaws?

YES ☐

NO ☐

Have you made any changes to your operating procedures/bylaws for your SHAB in the past year?

YES ☐ (please attach a copy if revised in the past year)

NO ☐

#### **• GOALS AND ACCOMPLISHMENTS**

##### **A. Goals**

In the first column, check the goals that were identified by your SHAB for this school year. In the second column, check the goals that were accomplished.

	<b>Identified Goals</b>	<b>Accomplished Goals</b>
<b>Health Services</b>		
Increase school nursing staff	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve school health services	<input type="checkbox"/>	<input type="checkbox"/>
Develop/improve student wellness	<input type="checkbox"/>	<input type="checkbox"/>
Review procedures for student health screening, record keeping, and referrals	<input type="checkbox"/>	<input type="checkbox"/>
<b>Health Education/Instruction</b>		
Review health education curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Review health education assessment	<input type="checkbox"/>	<input type="checkbox"/>
Reduce teen pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
Develop/revise Family Life Education Curriculum	<input type="checkbox"/>	<input type="checkbox"/>
Revise HIV Policy for School Attendance	<input type="checkbox"/>	<input type="checkbox"/>
Reduce drug, alcohol, and/or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>

### Healthy Environment

Review emergency/crisis medical situations  
Review school health policies  
Review school safety procedures

☐  
☐  
☐☐  
☐  
☐

### Physical Education

Review physical education curriculum  
Review physical education assessment  
Review availability of instructional resources  
Increase student's physical activity

☐  
☐  
☐  
☐☐  
☐  
☐  
☐

**Identified  
Goals**

**Accomplished  
Goals**

### Nutrition Services

Review school nutrition program procedures and offerings

☐☐

### Counseling

Review psychological and social services for  
diagnosing special needs for students  
Review counseling services for helping students set  
education and social goals

☐  
☐☐  
☐

### Staff Wellness

Review staff wellness initiatives

☐☐

### Parent/Community Involvement

Improve parent communication/education  
Develop/maintain community partnerships

☐  
☐☐  
☐

### Other

Conduct a needs assessment/data collection  
Please list topic(s): \_\_\_\_\_  
Improve operations of SHAB  
Other (specify) \_\_\_\_\_

☐  
☐  
☐☐  
☐  
☐

**B. Successes**

Please describe your SHAB's two greatest accomplishments this school year. What were your goals and what projects/activities were used to meet the identified goals? How many students did it impact? Who were your community partners? Add an additional sheet, if necessary.

Will you allow the Virginia Department of Education to post/share information about your successes on its Web site? YES ☐ NO ☐

• **ADDITIONAL INFORMATION**

Use this space to provide additional information about your SHAB that you feel is important to share.

Use this space to indicate whether you would like some assistance from the VDH or DOE and the nature of the assistance needed.

**SCHOOL HEALTH ADVISORY BOARD**

2004-2005 Point of Contact

Below, please provide the name of the individual you wish to serve as the point of contact for your local School Health Advisory Board (SHAB) during the 2004-05 school year. (In many localities, the SHAB chair or a school contact person serves this role.) Any resources or information relevant to SHABs will be distributed to this person.

Date Submitted:

School Division:

Name of "Point of Contact":

Position or Role on the SHAB:

**Mailing**

Address:

Telephone (       )

Fax: (       )

E-Mail:

**Please return this form by July 1, 2004 (via fax, email or regular mail) to:**

Muriel Azria-Evans, PhD, CFLE  
Comprehensive School Health Specialist  
Virginia Department of Education  
P.O. Box 2120  
Richmond, VA 23218  
Phone: 804-225-4543  
Fax: 804-371-8796  
Email: mazria-e@mail.vak12ed.edu

Questions may be addressed to Muriel Azria-Evans at the phone number or e-mail address above.

Thank you for your participation!

## **Appendix C**

### **School Health Advisory Board (SHAB) Director**

## **SCHOOL HEALTH ADVISORY BOARD DIRECTORY**

### **ACCOMACK COUNTY**

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